



Contribution Form

Please fill out the form below, enclose your payment, made out to **the Matrix Foundation** and send to:
Matrix Foundation, 3337 Duke Street, Alexandria, VA 22314

Thank you for your tax-deductible contribution to The Matrix Foundation. Your contribution will support educational scholarship programs, research, and publications in the emerging communications areas. You will receive a receipt for your gift.

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Contribution: Please indicate the amount: \$ _____

Please indicate the fund to which you wish your contribution to go: *(please check one)*

Matrix Foundation General Fund: _____

Certification Program Fund: _____

Barbara Ericksen Conference Scholarship: _____

Centennial Fund: _____

Chapter Scholarship for Students: _____

Edith Wortman First Amendment Fund: _____

(Please note which chapter: _____)

Payment Type: Check: _____ Credit Card: _____

Card #: _____

Security Code: _____ **Cardholder Signature:** _____

(Note to contributor: if paying by credit card, please be sure that address above is the credit card billing address)

Comments: _____

If you have any questions, please contact the Matrix Foundation through email at mail@matrixfoundation.us and someone will get back in touch with you. Thank you again for your support.